

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

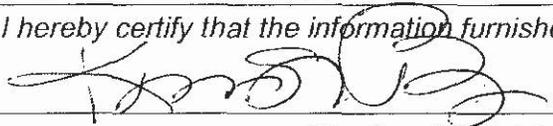
LOBBYIST REGISTRATION FORM

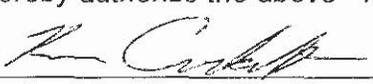
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Burgess	Kauai	Noelani	523-6348
MAILING ADDRESS (Street)			FAX
567 S. King Street, Suite 400			EMAIL
			kaburges@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street)			FAX
567 S. King Street, Suite 400			EMAIL
			pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street)			FAX
567 S. King Street, Suite 400			EMAIL
			pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Pi'ilani Hanohano			523-6368
MAILING ADDRESS (Street)			FAX 541-5305
567 S. King Street, Suite 400			EMAIL
			pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	2/2/16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Kevin Cockett	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED V.P. Communications Group	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools	TELEPHONE 523-6200	
MAILING ADDRESS (Street) 567 South King St., Suite 400	FAX 541-5305	
	EMAIL pihanoha@ksbe.edu	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		2/2/16
(Signature of Authorizing Officer or Person Represented)		(Date)